



Consent for the Release of Confidential Information: Criminal Justice System Referral

1. I, _____ hereby consent to the release
(Name of Defendant/Participant)

of information provided by me on the Jersey City Community Solutions (JCCS) Needs Assessment Form to the individuals and agencies listed in Section 3. I understand that this consent also includes ongoing communications, both written and oral, between JCCS staff and the individuals and agencies.

The purpose of and need for the release of the information is to coordinate my services/treatment, to inform the agencies listed below of my attendance and progress in treatment/services, and to assist in making an informed decision regarding services/treatment and the outcome of my case.

2. The information which I hereby consent to be released is required for the following (check appropriate boxes):

- ☐ Mental Health Treatment Programs: Intake, Mental Health Evaluation, Diagnosis, Attendance, Treatment, Progress, and/or Discharge Information
- ☐ **Substance Abuse Programs:** Intake, Diagnosis, Attendance, Treatment, Progress, Toxicology Results, and/or Discharge Records
- ☐ Community-Based Agency Programs: Intake, Attendance, Service Plan, and/or Discharge Information
- ☐ Job Training Programs and Educational Support Services
- ☐ Service Provider _____

3. Furthermore, by signing this consent form, I consent to the release of the foregoing (information to the following (check appropriate boxes):

- ☐ The Judge and Court Staff assigned to my case
- ☐ The Office of the Jersey City Municipal Prosecutor
- ☐ Jersey City Community Solutions staff involved in supervising my case
- ☐ My defense attorney
- ☐ Veterans Administration
- ☐ Other: Please specify Agency Name and information requesting:

Defendant/Participant's Initials: _____



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I understand that information regarding attendance and progress in mandated services/treatment, as well as any alcohol and drug treatment records, educational records, health and mental health records may be protected by federal and state law and regulations.* As a condition of receiving the services described in the plan prepared by JCCS staff, however, I consent to release these records as well as the information provided in the Needs Assessment Form.

I understand that my consent to the release of information is necessary to my participation in the JCCS program and will remain in effect until revoked by me in writing or until the Jersey City Municipal Court issues an appropriate order superseding the order under which I was mandated into services/treatment.

I acknowledge that I have received a signed copy of this form.

Date

Signature of Defendant/Participant

Printed Defendant/Participant Name

Date

Signature Municipal Prosecutor

Date

Signature of Jersey City Community Solutions staff (if applicable)

* These laws and regulations include the "Family Educational Rights and Privacy Act of 1974", 42 U.S.C. §290dd-2, 42 C.F.R. Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records", the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164 (HIPAASEPARATE FORM FOR HIV)